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8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12
13 In the Matter of the First Amended Accusation
Against:

Case No. 800-2015-014937

14 **DOUGLAS EUGENE SEVERANCE, M.D.**
15 5601 Norris Canyon Road #330
San Ramon, CA 94583

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate No. G**
17 **35610**

18 Respondent.

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 PARTIES

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
24 of California (Board). She brought this action solely in her official capacity and is represented in
25 this matter by Xavier Becerra, Attorney General of the State of California, by Emily L. Brinkman,
26 Deputy Attorney General.

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2. Respondent Douglas Eugene Severance, M.D. (Respondent) is represented in this proceeding by attorney Robert W. Hodges Esq., whose address is: 3480 Buskirk Ave., #250 Pleasant Hill, CA 94523.

3. On or about September 26, 1977, the Board issued Physician's and Surgeon's Certificate No. G 35610 to Douglas Eugene Severance, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2015-014937, and will expire on April 30, 2020, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-014937 was filed before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on June 13, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. First Amended Accusation No. 800-2015-014937 was filed before the Board, and properly served on Respondent on July 23, 2018. The First Amended Accusation is currently pending before the Board.

6. A copy of First Amended Accusation No. 800-2015-014937 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the First Amended Accusation No. 800-2015-014937. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

8. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision;

1 and all other rights accorded by the California Administrative Procedure Act and other applicable
2 laws.

3 9. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
4 every right set forth above.

5 CULPABILITY

6 10. Respondent does not contest that, at an administrative hearing, Complainant could
7 establish a prima facie case with respect to the charges and allegations contained in the First
8 Amended Accusation No. 800-2015-014937 and that he has thereby subjected his Physician's and
9 Surgeon's Certificate No. G 35610 to disciplinary action.

10 11. Respondent agrees that if he ever petitions for early termination or modification of
11 probation, or if an accusation and/or petition to revoke probation is filed against him before the
12 Board, all of the charges and allegations contained in the First Amended Accusation No. 800-
13 2015-014937 shall be deemed true, correct and fully admitted by Respondent for purposes of any
14 such proceeding or any other licensing proceeding involving Respondent in the State of
15 California.

16 CONTINGENCY

17 12. This stipulation shall be subject to approval by the Medical Board of California.
18 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
19 Board of California may communicate directly with the Board regarding this stipulation and
20 settlement, without notice to or participation by Respondent or his counsel. By signing the
21 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
22 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
23 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
24 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
25 action between the parties, and the Board shall not be disqualified from further action by having
26 considered this matter.

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13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 35610 issued to Respondent Douglas Eugene Severance, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

1 complete any other component of the course within one (1) year of enrollment. The prescribing
2 practices course shall be at Respondent's expense and shall be in addition to the Continuing
3 Medical Education (CME) requirements for renewal of licensure.

4 A prescribing practices course taken after the acts that gave rise to the charges in the First
5 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
6 the Board or its designee, be accepted towards the fulfillment of this condition if the course would
7 have been approved by the Board or its designee had the course been taken after the effective date
8 of this Decision.

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than 15 calendar days after successfully completing the course, or not later than
11 15 calendar days after the effective date of the Decision, whichever is later.

12 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
13 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
14 advance by the Board or its designee. Respondent shall provide the approved course provider
15 with any information and documents that the approved course provider may deem pertinent.
16 Respondent shall participate in and successfully complete the classroom component of the course
17 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
18 complete any other component of the course within one (1) year of enrollment. The medical
19 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
20 Medical Education (CME) requirements for renewal of licensure.

21 A medical record keeping course taken after the acts that gave rise to the charges in the
22 First Amended Accusation, but prior to the effective date of the Decision may, in the sole
23 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
24 course would have been approved by the Board or its designee had the course been taken after the
25 effective date of this Decision.

26 Respondent shall submit a certification of successful completion to the Board or its
27 designee not later than 15 calendar days after successfully completing the course, or not later than
28 15 calendar days after the effective date of the Decision, whichever is later.

1 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
2 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
3 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
4 licenses are valid and in good standing, and who are preferably American Board of Medical
5 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
6 relationship with Respondent, or other relationship that could reasonably be expected to
7 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
8 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
9 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

10 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
11 and First Amended Accusation(s), and a proposed monitoring plan. Within 15 calendar days of
12 receipt of the Decision(s), First Amended Accusation(s), and proposed monitoring plan, the
13 monitor shall submit a signed statement that the monitor has read the Decision(s) and First
14 Amended Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the
15 proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the
16 monitor shall submit a revised monitoring plan with the signed statement for approval by the
17 Board or its designee.

18 Within 60 calendar days of the effective date of this Decision, and continuing throughout
19 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
20 make all records available for immediate inspection and copying on the premises by the monitor
21 at all times during business hours and shall retain the records for the entire term of probation.

22 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
23 date of this Decision, Respondent shall receive a notification from the Board or its designee to
24 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
25 shall cease the practice of medicine until a monitor is approved to provide monitoring
26 responsibility.

27 The monitor(s) shall submit a quarterly written report to the Board or its designee which
28 includes an evaluation of Respondent's performance, indicating whether Respondent's practices

1 are within the standards of practice of medicine, and whether Respondent is practicing medicine
2 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
3 that the monitor submits the quarterly written reports to the Board or its designee within 10
4 calendar days after the end of the preceding quarter.

5 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
6 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
7 name and qualifications of a replacement monitor who will be assuming that responsibility within
8 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
9 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
10 notification from the Board or its designee to cease the practice of medicine within three (3)
11 calendar days after being so notified. Respondent shall cease the practice of medicine until a
12 replacement monitor is approved and assumes monitoring responsibility.

13 In lieu of a monitor, Respondent may participate in a professional enhancement program
14 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
15 review, semi-annual practice assessment, and semi-annual review of professional growth and
16 education. Respondent shall participate in the professional enhancement program at Respondent's
17 expense during the term of probation.

18 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
19 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief
20 of Staff or the Chief Executive Officer at every hospital where privileges or membership are
21 extended to Respondent, at any other facility where Respondent engages in the practice of
22 medicine, including all physician and locum tenens registries or other similar agencies, and to the
23 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
24 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
25 15 calendar days.

26 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

27 6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
28 NURSES. Respondent is prohibited from supervising physician assistants and advanced nurse

1 practitioners. However, Respondent may supervise one physician assistant and one advanced
2 practice nurse in the context of his primary care practice that does not involve the prescribing of
3 controlled substances for a chronic condition within his addiction practice, except that
4 Respondent's current advanced nurse practitioner may treat all patients.

5 7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
6 governing the practice of medicine in California and remain in full compliance with any court
7 ordered criminal probation, payments, and other orders.

8 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
9 under penalty of perjury on forms provided by the Board, stating whether there has been
10 compliance with all the conditions of probation.

11 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
12 of the preceding quarter.

13 9. GENERAL PROBATION REQUIREMENTS.

14 Compliance with Probation Unit

15 Respondent shall comply with the Board's probation unit.

16 Address Changes

17 Respondent shall, at all times, keep the Board informed of Respondent's business and
18 residence addresses, email address (if available), and telephone number. Changes of such
19 addresses shall be immediately communicated in writing to the Board or its designee. Under no
20 circumstances shall a post office box serve as an address of record, except as allowed by Business
21 and Professions Code section 2021(b).

22 Place of Practice

23 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
24 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
25 facility.

26 License Renewal

27 Respondent shall maintain a current and renewed California physician's and surgeon's
28 license.

1 Travel or Residence Outside California

2 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
3 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
4 (30) calendar days.

5 In the event Respondent should leave the State of California to reside or to practice,
6 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
7 departure and return.

8 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
9 available in person upon request for interviews either at Respondent's place of business or at the
10 probation unit office, with or without prior notice throughout the term of probation.

11 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
12 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
13 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
14 defined as any period of time Respondent is not practicing medicine as defined in Business and
15 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
16 patient care, clinical activity or teaching, or other activity as approved by the Board. If
17 Respondent resides in California and is considered to be in non-practice, Respondent shall
18 comply with all terms and conditions of probation. All time spent in an intensive training
19 program which has been approved by the Board or its designee shall not be considered non-
20 practice and does not relieve Respondent from complying with all the terms and conditions of
21 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
22 on probation with the medical licensing authority of that state or jurisdiction shall not be
23 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
24 period of non-practice.

25 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
26 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
28 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

Disciplinary Orders and Disciplinary Guidelines” prior to resuming the practice of medicine.

Respondent’s period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent’s certificate shall be fully restored.

13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent’s request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent’s wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the


1 application shall be treated as a petition for reinstatement of a revoked certificate.

2 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
3 with probation monitoring each and every year of probation, as designated by the Board, which
4 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
5 California and delivered to the Board or its designee no later than January 31 of each calendar
6 year.

7 ACCEPTANCE

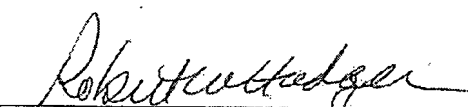
8 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
9 discussed it with my attorney, Robert W. Hodges Esq.. I understand the stipulation and the effect
10 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement
11 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
12 Decision and Order of the Medical Board of California.

13
14
15 DATED: 6-11-19


16 DOUGLAS EUGENE SEVERANCE, M.D.
17 Respondent

18 I have read and fully discussed with Respondent Douglas Eugene Severance, M.D. the
19 terms and conditions and other matters contained in the above Stipulated Settlement and
20 Disciplinary Order. I approve its form and content.

21
22
23 DATED: 6-11-19


24 ROBERT W. HODGES ESQ.
25 Attorney for Respondent

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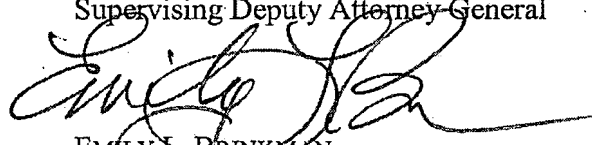
1 ENDORSEMENT

2 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
3 submitted for consideration by the Medical Board of California.

4 Dated: 6/11/19

5 Respectfully submitted,

6 XAVIER BECERRA
7 Attorney General of California
8 JANE ZACK SIMON
9 Supervising Deputy Attorney General

10 
11 EMILY L. BRINKMAN
12 Deputy Attorney General
13 Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2015-014937

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7 Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO JULY 23 2018
BY MARLA POUND ANALYST

8 BEFORE THE
9 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
10 STATE OF CALIFORNIA

11 In the Matter of the First Amended Accusation
Against:

Case No. 800-2015-014937

12 **Douglas Eugene Severance, M.D.**
13 5601 Norris Canyon Road #330
14 San Ramon, CA 94583

FIRST AMENDED ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. G35610,**

Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in
21 her official capacity as the Executive Director of the Medical Board of California, Department of
22 Consumer Affairs (Board).

23 2. On or about September 26, 1977, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G35610 to Douglas Eugene Severance, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on April 30, 2020, unless renewed.

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JURISDICTION

3. This First Amended Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code, states, in relevant part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"...."

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care."

"...."

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1 6. Section 2241 of the Code states:

2 “(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs,
3 including prescription controlled substances, to an addict under his or her treatment for a purpose
4 other than maintenance on, or detoxification from, prescription drugs or controlled substances.

5 “(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or
6 prescription controlled substances to an addict for purposes of maintenance on, or detoxification
7 from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections
8 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this
9 subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer
10 dangerous drugs or controlled substances to a person he or she knows or reasonably believes is
11 using or will use the drugs or substances for a nonmedical purpose.

12 “(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also
13 be administered or applied by a physician and surgeon, or by a registered nurse acting under his or
14 her instruction and supervision, under the following circumstances:

15 “(1) Emergency treatment of a patient whose addiction is complicated by the presence of
16 incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

17 “(2) Treatment of addicts in state-licensed institutions where the patient is kept under
18 restraint and control, or in city or county jails or state prisons.

19 “(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

20 “(d)(1) For purposes of this section and Section 2241.5, “addict” means a person whose
21 actions are characterized by craving in combination with one or more of the following:

22 “(A) Impaired control over drug use.

23 “(B) Compulsive use.

24 “(C) Continued use despite harm.

25 “(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due
26 to the inadequate control of pain is not an addict within the meaning of this section or Section
27 2241.5.”

28 \\

1 7. Section 2242 of the Code states, in relevant part:

2 “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
3 without an appropriate prior examination and a medical indication, constitutes unprofessional
4 conduct.”

5 8. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
6 adequate and accurate records relating to the provision of services to their patients constitutes
7 unprofessional conduct.

8 9. Health and Safety Code section 11156 states:

9 “(a) Except as provided in Section 2241 of the Business and Professions Code, no person
10 shall prescribe for, or administer, or dispense a controlled substance to, an addict, or to any person
11 representing himself or herself as such, except as permitted by this division.

12 “(b)(1) For purposes of this section, “addict” means a person whose actions are
13 characterized by craving in combination with one or more of the following:

14 “(A) Impaired control over drug use.

15 “(B) Compulsive use.

16 “(C) Continued use despite harm.

17 “(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due
18 to the inadequate control of pain is not an addict within the meaning of this section.”

19 **FIRST CAUSE FOR DISCIPLINE**

20 **(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts; and/or**
21 **Prescribing Without an Appropriate Examination in the Care of Patient SH)¹**

22 10. Respondent Douglas Eugene Severance, M.D. is subject to disciplinary action under
23 sections 2234 [unprofessional conduct], and/or 2234(b) [gross negligence], and/or 2234(c)
24 [repeated negligence], and/or 2242 [prescribing without adequate examination] in the care of
25 patient SH. The circumstances are as follows:

26

27 ¹ Patient initials are used to protect the patient’s privacy. Respondent may learn the
28 identity of the patient through the discovery process.

1 11. Respondent practices as a family practitioner in a solo private practice. He provided
2 care to Patient SH off and on from 2010 through 2013. She then returned to Respondent for care
3 from April 29, 2014 through June 9, 2015. Patient SH was a then 24-year-old female with a
4 history of drug addiction and epilepsy. Patient SH had been hospitalized on several occasions for
5 overdoses and Respondent was aware of at least one of these hospitalizations. Furthermore,
6 Respondent's medical records for Patient SH documented illegal drug use and drug-seeking
7 behavior.²

8 12. On or about April 29, 2014, Patient SH went to Respondent's medical practice for
9 treatment. She reported that she previously went through "detox," but there was no additional
10 information on the patient's detox program or addiction history. Respondent's note for the patient
11 visit indicated that Patient SH was taking oxycodone for lumbar disc issues but then Kaiser
12 "stopped meds." The record also included the entry "psychiatrist/history of rehab/not working"
13 without any further explanation of the meaning behind this entry. Respondent prescribed the
14 patient 8 milligrams (mg) of Subutex,³ two pills per day for 28 days. There was no
15 documentation that Respondent conducted a physical exam, history of her present illness and past
16 medical history, or reviewed the patient's current medications with her. Respondent did not
17 attempt to determine whether Patient SH received controlled substance prescriptions from other
18 providers during the previous year.⁴

19 13. On or about May 27, 2014, Patient SH returned for a follow-up appointment and she
20 indicated she did not need a refill of the Subutex, but that she was having increased anxiety and
21 was being seen at Kaiser. Respondent conducted a urine toxicology screen in the office that was

22 ² Respondent's medical records are completely illegible which required him to transcribe
23 his records for Board investigators. He was even unable to read some of his own records for the
transcription.

24 ³ Subutex is the trade name for buprenorphine. It is used to treat opiate dependence. It is
25 a dangerous drug as defined by Business and Professions Code section 4022 and a Schedule III
26 controlled substance as defined by Health and Safety Code section 11056. Buprenorphine
prevents the withdrawal symptoms of opioid use. Suboxone is the tradename for buprenorphine
with naloxone. Naloxone is an opioid antagonist and prevents the brain receptors from feeling
high.

27 ⁴ According to Controlled Substance Utilization Review and Evaluation System reports
28 (CURES), at least two other physicians prescribed Klonopin and oxycodone to Patient SH in the
previous months.

1 positive for OxyContin,⁵ which Respondent had not prescribed. Patient SH also reported that she
2 was using intravenous narcotics and no longer wanted to take Subutex. She requested Xanax,⁶
3 which Respondent prescribed (0.5 mg three times per day (84 pills) for 28 days). Respondent
4 informed investigators for the Board that he wrote "RBC" on the medical record to mean
5 "risk/benefit/complications," but the medical record is completely illegible making it impossible
6 to determine if this was in fact written in the medical record.⁷

7 14. On or about June 13, 2014, Patient SH returned to Respondent's office to discuss
8 options to get off of narcotics, including methadone. Respondent's transcription of his medical
9 record indicated that the patient was seen by orthopedics for "lumbar disc disease." He also noted
10 "insomnia." Despite the patient's stated interest to get off of narcotics, Respondent prescribed 10
11 mg of Ambien⁸ and five mg of Valium⁹ (51 pills), two highly addictive medications. Other than
12

13 ⁵ OxyContin is a trade name for oxycodone hydrochloride controlled-release tablets.
14 Oxycodone is an opioid that's principal purpose is analgesia. Additional effects include
15 anxiolysis, euphoria, and feelings of relaxation. It is a dangerous drug as defined by Business and
16 Professions Code section 4022 and a Schedule II controlled substance as defined by Health and
17 Safety Code section 11055. Respiratory depression is the chief hazard from all opioid agonist
18 preparations and should be used with caution and started in a reduced dosage in patients who are
19 currently using other central nervous system (CNS) depressants, including sedatives or hypnotics
20 and alcohol.

21 ⁶ Xanax is the trade name for alprazolam. It is a benzodiazepine that affects the CNS and
22 is used for the management of anxiety disorders or for the short-term relief of the symptoms of
23 anxiety. It is a dangerous drug as defined by Business and Professions Code section 4022 and a
24 Schedule IV controlled substance as defined by Health and Safety Code section 11057.
25 Physicians should caution patients on the use of Xanax with other CNS depressant drugs or
26 alcohol. Addiction prone individuals should also be under careful surveillance when receiving
27 Xanax because of habituation and dependence.

28 ⁷ According to the CURES report, Patient SH received a three day supply of Valium from
another physician on May 2, 2014.

⁸ Ambien is the trade name for zolpidem tartrate, a non-benzodiazepine hypnotic. It is a
dangerous drug as defined by Business and Professions Code section 4022 and a Schedule IV
controlled substance as defined by Health and Safety Code section 11057. It is indicated for the
short term treatment of insomnia. It is a CNS depressant and should be used cautiously in
combination with other CNS depressants as the CNS depressants could enhance the effects of the
Ambien. It should be prescribed cautiously to patients exhibiting signs or symptoms of
depression because of suicide risk. Physicians should carefully monitor the use of Ambien in
patients with a history of addiction due to habituation and dependence of Ambien.

⁹ Valium is the trade name for diazepam. It is used for the management of anxiety
disorders or the short-term relief of anxiety symptoms. It is a dangerous drug as defined by
Business and Professions Code section 4022 and a Schedule IV controlled substance as defined
by Health and Safety Code section 11057. Valium can produce psychological and physical
dependence and it should be prescribed with caution particularly to patients who have a history of
addiction.

1 the patient's previous reports of anxiety and the entry of "insomnia" in this progress note,
2 Respondent failed to indicate the reason he prescribed Ambien and Valium.

3 15. On or about July 11, 2014, Patient SH reported to Respondent during her appointment
4 with him that she was off of non-steroidal anti-inflammatory medications due to renal issues and
5 insomnia. She had two bruises to her left arm and was on an antifungal cream. Respondent
6 prescribed 5 mg of Valium (70 pills).¹⁰ Respondent did not document the reason he prescribed
7 Valium.

8 16. On or about August 29, 2014, Patient SH returned for a follow-up appointment where
9 she reported that she took Valium and received opiates from her boyfriend. Respondent wrote in
10 his transcription for investigators "Refuses CFR (Center for Recovery)." He also indicated he
11 decreased the Valium to twice daily and prescribed five mg (56 pills from 70 pills).¹¹

12 17. Between August 30, 2014 and June 9, 2015, Patient SH received three prescriptions
13 for Xanax and Ativan¹² from two different physicians.

14 18. On or about June 9, 2015, Patient SH returned to Respondent's office for an
15 appointment. According to the transcription of the medical records Respondent provided to
16 Board investigators, the patient came in reporting that she had not been feeling well for about one
17 month, with vomiting and diarrhea, including inducing herself to vomit—the same symptoms she
18 was treated for on June 4, 2015 at the Kaiser emergency room.¹³ Respondent conducted a urine
19 toxicology screen that was positive for amphetamines, methamphetamines, benzodiazepines,

20 ¹⁰ Patient SH did not show for an appointment on June 24, 2014.

21 ¹¹ Patient SH did not show for an appointment on July 29, 2014 and cancelled an
22 appointment on September 26, 2014.

23 ¹² Ativan is the trade name for Lorazepam, a psychotropic drug used for the management
24 of anxiety disorders or the short-term relief of the symptoms of anxiety. It is a dangerous drug as
25 defined by Business and Professions Code section 4022 and a Schedule IV controlled substance
26 as defined by Health and Safety Code section 11057. Physicians should caution patients on the
27 use of Ativan with other CNS depressant drugs or alcohol. Addiction prone individuals should
28 also be under careful surveillance when receiving Ativan because of habituation and dependence.

¹³ On or about June 4, 2015, Patient SH was seen at the Kaiser emergency department for
complaints of nausea, vomiting, and diarrhea for the past month. She reported that her whole
body hurt, denied ever using intravenous drugs, and that she had not used any drugs since her last
hospital admission on April 4, 2015. She was diagnosed with a virus and to follow up with her
primary care provider should she get worse. Multiple tests and blood work were ordered during
this visit. It is not clear from Respondent's medical records whether Patient SH informed him of
this emergency room visit.

1 OxyContin, and opiates. The patient reported again that she was using heroin intravenously and
2 wanted Xanax. Respondent did not refill the Xanax, ordered various lab tests and imaging
3 studies, and "to ER now advise detox." Respondent did not review any other medical records or
4 consult with any other medical providers about Patient SH's complaints. The patient left the
5 appointment with her boyfriend and father.

6 19. At approximately 5:59 p.m. on June 9, 2015, Patient SH was seen at the Kaiser
7 emergency department complaining of multiple witnessed seizures in the past 24 hours. A
8 toxicology screen was positive for Xanax, amphetamines, methamphetamines, and multiple
9 opiates. Patient SH was admitted to the hospital but then checked herself out against medical
10 advice. The consulting neurologist suspected the seizures were secondary to benzodiazepine
11 withdrawal.

12 20. Respondent is guilty of unprofessional conduct and subject to disciplinary action
13 under sections 2234 [unprofessional conduct], and/or 2234(b) [gross negligence], and/or 2234(c)
14 [repeated negligence], and/or 2242 [prescribing without adequate examination] based on, but not
15 limited to, the following conduct:

16 A. Respondent failed to conduct a physical examination of Patient SH, and failed to take
17 an adequate medical history before prescribing controlled substances.

18 B. Respondent prescribed highly addictive controlled substances to a patient with a
19 known history of addiction and he failed to adequately inform her of the risks and benefits of
20 controlled substances, including potential for addiction and sedation in this high-risk patient.

21 C. Respondent failed to take any steps to determine whether Patient SH received
22 controlled substances from other providers while he was also prescribing controlled substances to
23 her.

24 D. Respondent failed to consult with other medical providers treating Patient SH,
25 particularly her psychiatrist, when he was aware she was also receiving medical care through
26 Kaiser.

27 E. Respondent failed to ensure Patient SH was not taking other controlled substances,
28 including benzodiazepines, in the 24 hours before starting Subutex. Furthermore, he did not order

1 any lab work to evaluate her liver function, nor did he observe her taking this medication or
2 recommend any follow-up care.

3 F. Respondent failed to adequately manage Patient SH's seizure disorder, particularly
4 given his knowledge that she was using illegal drugs.

5 **SECOND CAUSE FOR DISCIPLINE**

6 **(Prescribing to an Addict, Patient SH)**

7 21. Respondent is subject to disciplinary action under Health and Safety Code section
8 11156 [prescribing to an addict], as alleged in paragraphs 10 through 19, which are herein
9 incorporated by reference as if fully set forth below.

10 22. Respondent prescribed controlled substances to Patient SH, a patient that he was
11 aware had a history of addiction, overdoses, and previous rehabilitation admissions, and who
12 admitted to Respondent that she was using heroin and another person's opioids.

13 **THIRD CAUSE FOR DISCIPLINE**

14 **(Failure to Maintain Adequate and Accurate Medical Records in the Care of Patient SH)**

15 23. Respondent is subject to disciplinary action under section 2266 [failure to maintain
16 adequate and accurate medical records], as alleged in paragraphs 10 through 19, which are herein
17 incorporated by reference as if fully set forth below.

18 24. Respondent's medical records for Patient SH are wholly inadequate. They are not
19 legible, are not maintained in any standard format, fail to document a complete medical history,
20 physical examination, and fail to include a substance abuse history.

21 **FOURTH CAUSE FOR DISCIPLINE**

22 **(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts in the**
23 **Care of Patient AS)**

24 25. Respondent is subject to disciplinary action under sections 2234 [unprofessional
25 conduct], and/or 2234(b) [gross negligence], and/or 2234(c) [repeated negligent acts] in the care
26 and treatment of Patient AS. The circumstances are as follows:

27 26. Respondent began treating Patient AS, a then 19-year-old male, in 2008 and
28 continued to see him to March 1, 2018. Patient AS was on intravenous heroin and taking

1 Suboxone and Respondent began treating Patient AS for his addiction to heroin. Respondent's
2 initial progress note is wholly deficient regarding the patient's past medical history, family or
3 social history, and a physical examination. The patient relapsed on heroin at some point in the
4 fall of 2008.

5 27. From 2008 through 2015, Respondent prescribed Suboxone, Ambien, and Xanax
6 through telephone visits or infrequent face-to-face visits. At no point in the medical records from
7 2008 through 2015, was there any indication why Respondent was prescribing Xanax to a heroin
8 addict. Patient AS requested numerous early refills for Suboxone with various excuses, such as
9 he lost his medications, they were stolen, he left them at a hotel on vacation, or that he dropped
10 the medications in the shower. There was no indication in the medical record that Respondent
11 questioned the frequent early refill requests other than to approve the request. The patient also
12 cancelled or was a "no show" at several appointments and Respondent did not document any
13 concerns about these missed appointments.

14 28. Respondent's handwritten medical records from 2008 through 2015 were completely
15 illegible and failed to adequately document any of the patient encounters with necessary
16 information, such as history, current medications, physical examinations, test orders, assessment,
17 or plan for care. There was also no indication that Respondent ever conducted a comprehensive
18 alcohol and drug assessment.

19 29. Sometime in 2015, Respondent began using an electronic medical record keeping
20 system. The majority of the interactions between Respondent and Patient AS between 2015 and
21 2017 were by telephone. Respondent prescribed small amounts of buprenorphine,¹⁴ requiring the
22 patient to have weekly refills of his medications. Despite the small amount of pills dispensed at
23 one time, Patient AS still reported lost or stolen medications and the need for early refills, which
24 Respondent always approved.

25 ///

26 ///

27 ¹⁴ At some point during Respondent's care of Patient AS, he switched him from Suboxone
28 to Subutex because the Patient stated he was getting headaches from the Suboxone.

1 30. In 2015, Respondent did not document a single face-to-face patient encounter with
2 Patient AS. In 2016, Respondent only saw Patient AS on two occasions, with the remainder of
3 the patient encounters by telephone.

4 31. The progress notes from 2015 through 2017 in the electronic medical record are also
5 missing the necessary medical information in that there was never a documented history, physical,
6 or assessment of the care and how the patient was doing on the current treatment "plan." There
7 was no medical documentation supporting the continued prescription for Xanax.

8 32. On or about April 17, 2017, Respondent conducted the only urine toxicology screen
9 on Patient AS. The test was positive for buprenorphine and benzodiazepines—the appropriate
10 medications prescribed to Patient AS.

11 33. In 2016 and 2017, Patient AS also received controlled substances and prescription
12 drugs from four other providers. He received Ambien, buprenorphine, phenobarbital,¹⁵,
13 gabapentin,¹⁶ hydroxyzine,¹⁷ trazodone,¹⁸ clonidine,¹⁹ and clordiazepoxide.²⁰ Patient AS also

14 ¹⁵ Phenobarbital is a barbiturate. It is a dangerous drug as defined in section 4022 and a
15 schedule IV controlled substance as defined by section 11057(d)(19) of the Health and Safety
16 Code. Barbiturates are capable of producing all levels of central nervous system (CNS) mood
17 alteration, from excitation to mild sedation, hypnosis, and deep coma. The concomitant use of
18 alcohol or other CNS depressants may produce additive CNS depressant effects. Barbiturates are
19 indicated for sedation and for the treatment of generalized and partial seizures. Phenobarbital
20 may be habit forming and tolerance and psychological and physical dependence may occur with
21 continued use. Barbiturates should be administered with caution, if at all, to patients who are
22 mentally depressed, have suicidal tendencies, or have a history of drug abuse.

23 ¹⁶ Gabapentin is the generic name for Neurontin. It is an antiepileptic and is indicated as
24 adjunctive therapy in the treatment of partial seizures with and without secondary generalization
25 in adults with epilepsy. It is a dangerous drug within the meaning of Business and Professions
26 Code section 4022.

27 ¹⁷ Hydroxyzine is the generic name for Vistaril, and is used for the relief of anxiety and
28 tension symptoms associated with psychoneurosis. It is a dangerous drug as defined in section
4022. It has a potentiating action upon CNS depressants and, therefore, when CNS depressants
are administered concomitantly with Vistaril their dosage should be reduced.

¹⁸ Trazodone hydrochloride, a triazolopyridine derivative antidepressant, sometimes
marketed under the trade name Desyrel, is a dangerous drug within the meaning of Business and
Professions Code section 4022.

¹⁹ Clonidine is the generic name for Catapres, and is a dangerous drug as defined in
section 4022. Clonidine is an antihypertensive medication, indicated in the treatment of
hypertension. Clonidine has a potential sedative effect. Tricyclic antidepressants may reduce the
effects of clonidine. Clonidine may enhance the central nervous system depressive effects of
alcohol, barbiturates, or other sedatives.

²⁰ Clordiazepoxide, is the generic name for Librium. It is a benzodiazepine used to treat
anxiety disorders and anxiety from withdrawal symptoms of alcoholism. It is a schedule IV
controlled substance as defined by Health and Safety Code section 11057(d)(5). It is also a

(continued...)

1 used multiple pharmacies. There was no documentation in Respondent's medical record for
2 Patient AS that he was aware of these other prescriptions and discussed them with the patient.
3 Furthermore, Respondent admitted in his interview with representatives from the Board that he
4 did not begin using CURES until early 2017.

5 34. In July of 2017, the patient's mother contacted Respondent with concerns that her son
6 was injecting buprenorphine²¹ and she was trying to get him into a rehabilitation program. When
7 Respondent discussed the information with Patient AS, he admitted he injected Unisom, an over
8 the counter sleep aid, in order to get some sleep. Respondent took no further action following this
9 information from Patient AS.

10 35. Respondent's treatment of Patient AS departed from the standard of care in multiple
11 aspects. Respondent failed to:

12 a) obtain a patient history and conduct physician examinations and reassess the patient's
13 physical health over the course of his care; and

14 b) Assess the patient's continued and frequent need for early refills based on a variety of
15 excuses, and to consider the missed appointments.

16 **FIFTH CAUSE FOR DISCIPLINE**

17 **(Prescribing to an Addict, Patient AS)**

18 36. Respondent is subject to disciplinary action under section 2241 [prescribing to an
19 addict] and/or Health and Safety Code section 11156 [prescribing to an addict], as alleged in
20 paragraphs 26 through 35, which are herein incorporated by reference as if fully set forth below.

21 37. Patient prescribed Xanax to Patient AS, a patient that he was aware had a history of
22 addiction, overdoses, and previous rehabilitation admissions without conducting the necessary
23 evaluation and assessment or formulating a rationale for prescribing under these circumstances.

24 \\\

25 \\\

26 (...continued)

27 dangerous drug as defined in section 4022.

28 ²¹ An attempt to abuse Suboxone by injecting it will fully activate the naloxone, creating a full state of withdrawal, which cannot be reversed by taking heroin or other opiates.

1 SIXTH CAUSE FOR DISCIPLINE

2 (Failure to Maintain Adequate and Accurate Medical Records in the
3 Care of Patient AS)

4 38. Respondent is subject to disciplinary action under section 2266 [failure to maintain
5 adequate and accurate medical records], as alleged in paragraphs 26 through 35, which are herein
6 incorporated by reference as if fully set forth below.

7 39. Respondent's medical records for Patient AS are wholly inadequate. There was no
8 patient history, current/review of medications, what tests were ordered, assessment, or treatment
9 plan in any of the medical records. The only physical examination noted in the records was an
10 occasional blood pressure value for the infrequent face-to-face visits. There was no psychological
11 screening or review of the medications with possible mental health issues.

12 PRAAYER

13 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
14 and that following the hearing, the Medical Board of California issue a decision:


15 1. Revoking or suspending Physician's and Surgeon's Certificate Number G35610,
16 issued to Douglas Eugene Severance, M.D.;

17 2. Revoking, suspending or denying approval of Douglas Eugene Severance, M.D.'s
18 authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced
19 practice nurses;

20 3. Ordering Douglas Eugene Severance, M.D., if placed on probation, to pay the Board
21 the costs of probation monitoring; and

22 4. Taking such other and further action as deemed necessary and proper.

23
24 DATED: July 23, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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